

**DISTRICT BTA EVALUATION FORM**

District: \_\_\_\_\_ Date: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

Local Agency: \_\_\_\_\_

County: \_\_\_\_\_

Project Title: \_\_\_\_\_

How well has the applicant demonstrated that the project:

1. Will be used primarily by bicycle commuters?

Excellent ☐ Good ☐ Fair ☐ Poor ☐ Ineligible ☐

2. Has the potential to increase bicycle commuting?

Excellent ☐ Good ☐ Fair ☐ Poor ☐ Ineligible ☐

3. Is the best alternative for the situation?

Excellent ☐ Good ☐ Fair ☐ Poor ☐ Ineligible ☐

4. Will improve bikeways and/or amenities that support bicycle commuting e.g. bicycle parking, lockers, showers, lighting, call boxes, maps, and bicycle safety education programs?

Excellent ☐ Good ☐ Fair ☐ Poor ☐ Ineligible ☐

5. Will provide or improve bikeway continuity to activity centers such as public buildings, transit terminals, business districts, shopping centers, schools, etc.?

Excellent ☐ Good ☐ Fair ☐ Poor ☐ Ineligible ☐**COMMENTS:**

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**Distribution:** DLAE sends copy to HQ BFU together with the originally signed Project Application Form.

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